

 <b>KENTUCKY CORRECTIONS</b> Policies and Procedures	Policy Number	Total Pages
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Authority/References KRS 196.035, 197.020, 439.3405 501 KAR 1:030 CPP 15.7, 16.1 ACA 4-4346, 4-4347, 4-4351(M), 4-4355, 4-4362(M), 4-4365(M), 4-4367, 4-4375, 4-4384(M), 4-4389(M), 4-4390, 4-4398 P&P ACA 3-3198 ACA 2-CO-3B-02, 2-CO-1E-01, 2-CO-4F-01	Subject  <b>HEALTH MAINTENANCE SERVICES</b>	

## I. DEFINITIONS

"Cosmetic services" means any procedure, treatment or surgery designed to enhance the appearance, but is non-essential to the maintenance of basic health.

"Elective services" means any procedure, including a diagnostic service, or surgical procedure that is considered optional within the standards of accepted medical practice within the organized medical community. These services shall not be for the convenience of the inmate, but may be evaluated by the primary care health team on a case-by-case basis.

"Medical emergency" means serious life threatening or disabling condition manifested by severe symptoms occurring suddenly and unexpectedly that may result in serious physical impairment or loss of life if not treated immediately.

"Physician consultant" means a doctor who is trained in a specific medical specialty, located within the community, who agrees to evaluate and recommend treatment for certain medical conditions, as requested by the primary care provider.

"Primary care provider" means the institutional physician, nurse practitioner or physician assistant who evaluates the inmate's total health needs; provides personal medical care; and, if medically needed, preserves continuity of care and coordinates other providers of health services.

"Recommended therapy" means

1. summary and any advisement regarding a specific problem provided to the primary care provider from a consulting practitioner; and
2. any advisement made to the inmate by the primary care provider to alleviate a current problem, prevent worsening of a problem or improve

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general health. The recommendation may be largely behavioral and within the inmate's ability to carry out.

## II. POLICY and PROCEDURE

### A. An inmate shall be provided access to health care services.

In providing needed services, the emphasis within the institution shall be preventive in nature. The following preventive hierarchy shall be established by Corrections to meet the inmate's needs and provide a guide for services.

1. Prevention of death
2. Prevention of disease
3. Prevention of permanent disability

### B. Basic Program Requirements

#### 1. Credentials

- a. A physician, dentist, nurse practitioner, pharmacist, nurse or other allied health professional shall comply with applicable state and federal licensure, certification, or registration requirements.
- b. Verification of the current license, certification, or registration shall remain in the individual's institutional personnel file, if the individual is an employee of the Department of Corrections.
- c. If an employee of the Department of Corrections, the individual shall also meet the specifications established by the Kentucky Department of Personnel.
- d. Unlicensed or uncertified health care staff employed within the institution shall meet the Department of Personnel specifications and work under the direction of the professional staff person in the designated area.

#### 2. Staffing

- a. In order to maintain a sound program of care, adequate personnel shall be available within the institution for health assessments, the triaging of complaints and problems and follow-up services.
- b. The institutional health administrator shall prepare and approve a written job description for each employee category.

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- c. Staffing patterns shall reflect current trends in patient care in correctional facilities.

### 3. Community Care

- a. Each institution shall arrange twenty-four (24) hour services with a fully licensed community hospital.
- b. Emergency services, major surgery and specialties shall be available to the inmate, as deemed appropriate, by the primary care provider.

## C. Medical Services

### 1. Evaluation

- a. An initial evaluation of the inmate's health shall occur immediately after admission to Corrections.
- b. The receiving screening form shall be completed by a staff person prior to the inmate's placement in the assessment and classification unit or, if applicable, on death row.
- c. This screening shall aid in identifying an inmate with a health problem that requires immediate medical intervention.
- d. The health history shall be completed within forty-eight (48) hours after admission to the institution.
- e. The history may be completed by a member of the medical department or by the inmate under the direction of a health care staff member. A physical examination including T.B. skin testing and venereal disease testing shall be completed within ten (10) working days of admission to Corrections.
- f. The examining providers shall sign the physical examination report and health history to acknowledge the examination and review.

### 2. Medical Care

Based on the examining primary care provider's findings, the inmate's medical status shall be considered in developing the total incarceration plan. The following classification review shall be conducted for an inmate in each health category.

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- a. Any indication of a life threatening or potentially disabling condition: emergency action.
- b. If a health problem is present on admission that, if left untreated, may cause deterioration of the inmate's general health or result in permanent disability:
  - 1) The classification of work or activity shall be dictated by the primary care provider.
  - 2) The care or services needed to maintain, at a minimum, the present level of health shall be provided within the institution.
- c. If a health problem is present on admission that limits work and recreational activity but does not threaten the general health or welfare:
  - 1) Follow the regular classification procedure. Any work assignment may vary from light duty to medical release from work depending on the nature and extent of the problem.
  - 2) A work or activity assignment shall not be given that may aggravate the existing problem.
- d. In good health: activity shall not be restricted.

### 3. Access

- a. Routine Services:
  - 1) Each institution shall establish a mechanism for addressing the routine health needs of the inmate population.
  - 2) This shall be facilitated through standardizing the time and location of sick call.
  - 3) Upon arrival at an institution, the inmate shall be informed about how to access health services and the grievance system. This information shall be communicated orally and in writing, and shall be conveyed in a manner that may be easily understood by each inmate.
  - 4) The inmate shall be informed of the procedure for obtaining care during weekends, nights or holidays.

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- 5) Custody staff shall not have the authority to deny access to these services within the institution.
- 6) An inmate shall be charged \$3.00 for each non-emergency visit to sick call unless the inmate is indigent as defined in CPP 15.7. An inmate shall not be charged for chronic care clinics, intake screenings and appraisals, transfer screenings, or appointments initiated by medical staff.
- 7) An inmate shall not address more than two clinical concerns on a single sick-call slip. If two clinical issues are listed on a single sick-call slip, then the provider shall not decide to schedule two different clinic appointments unless absolutely necessary.

b. Special Services:

- 1) Any visit to a specialist shall be scheduled on a referral from the primary care provider.
- 2) Each institution shall maintain a current list of community consultants used that represent various specialties. This listing with addresses and telephone numbers shall be maintained in the medical area and updated as needed.

c. Community Practitioners

- 1) Two (2) types of primary care provider referrals to community practitioners may be considered:
  - a) A referral may be made for diagnostic evaluation and recommendation for treatment.
  - b) Referrals to specialists or sub-specialists for treatment of specific medical conditions.
- 2) Primary care providers shall review an inmate's consult and findings prior to making a follow-up appointment. A second opinion, if appropriate, shall be obtained from an objective source within the same medical specialty.
- 3) An inmate desiring a second opinion of his medical needs may make arrangements with a licensed physician of the inmate's choice.

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- a) The examination shall be conducted within the institution after the inmate has assumed responsibility for contact.
- b) The inmate shall establish a reasonable appointment time, and make provision for full payment of expenses with the outside physician.
- c) The physician, a special visitor, shall be received under CPP 16.1 Inmate Visits and bound by the specific institution's visiting procedure.
- d) All recommendations made by the visiting physician shall be reviewed by the primary care provider before making a decision to implement the recommendation.
- e) Since the inmate may not be the responsibility of the visiting physician, the inmate shall be followed by the primary care provider in accordance with his medical judgment.

#### D. Prosthesis

A prosthesis, or artificial device to replace a missing body part or compensate for defective bodily functions, may be provided if deemed essential for overall health maintenance by the primary care provider.

- 1. The prosthesis shall meet the minimum requirement for function.
- 2. A prosthetic device of a cosmetic nature only shall not be provided unless approved by the Medical Director or designee.
- 3. Once the prosthesis is issued, it becomes the property of the inmate. Breakage or malfunction, excluding proven defective product, occurring during what is considered the normal service life of the appliance shall be at the inmate's expense. Replacement of a lost prosthesis shall be at the inmate's expense. The Department of Corrections, in consultation with the medical director, may approve replacement of prosthesis because of normal wear and tear. Replacement of a medically related prosthesis shall be in accordance with this policy.
- 4. An inmate shall be charged a \$10.00 co-pay for each prosthetic device issued including replacements, unless the inmate is indigent as defined in CPP 15.7.

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E. Hearing Aids

1. Hearing aids shall be provided to any inmate who has a hearing loss of a severe nature (greater than or equal to 80dB) at the department's expense. An inmate shall be charged a \$10.00 co-pay for each hearing aide issued including replacements, unless the inmate is indigent as defined in CPP 15.7. Breakage or malfunction, excluding proven defective product, occurring during what is considered the normal service life of the appliance shall be borne at the inmate's expense.
2. An inmate may request hearing aids be provided for hearing loss that is less than severe (less than 80dB), but the inmate shall pay for the full cost of the hearing aids. The department shall not be responsible for repair or replacement of an inmate purchased hearing aide unless his hearing has progressed to the degree of a severe hearing loss (greater than or equal to 80 dB).

F. Eye Glasses

1. An inmate shall be charged a \$5.00 co-pay per pair of state-issued eyeglasses, unless indigent as defined in CPP 15.7.
2. Eyeglasses issued by the state shall have state-issued plastic frames with state-issued lenses. Metal or wire reinforced frames or ear pieces shall not be permitted.
3. The department shall pay for the repair or replacement of eyeglasses damaged from normal wear or defects in materials or workmanship. Normal wear for a pair of glasses shall be expected to be a minimum of one (1) year. The department shall not pay to repair or replace eyeglasses that are lost or damaged by careless handling or willful negligence, unless recommended by the optometrist or ophthalmologist due to absolute clinical need. Repair or replacement of damaged or lost state-issued eyeglasses occurring within one (1) year of issuance shall be borne at the inmate's expense. The co-pay as stated in subsection 1 of this section shall apply to the repair or replacement of eyeglasses.
4. The Department shall provide new eyeglasses if the prescription changes greater than ½ diopter sphere or cylinder or the addition of increased power are indicated. In these cases, the inmate's co-pay shall apply.
5. Reading glasses shall be available for inmate use if indicated at no additional cost to the inmate other than the cost of the co-pay. An inmate with appropriate prescriptions may be offered over-the-counter reading glasses in lieu of prescription bifocals.

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G. Contact Lenses

1. The department shall not furnish contact lenses and or maintenance supplies to an inmate except if indicated for specific diseases or conditions as diagnosed by a licensed optometrist or ophthalmologist. In this case, the department shall issue lens solution to maintain the contact lenses.
2. An inmate who enters Corrections without other eyewear shall be allowed to keep contact lenses until state-issued glasses are provided. In this case, the department shall issue lens solution to maintain the contact lenses until the eyeglasses are available.
3. An inmate who currently has contact lenses shall not be allowed to replace them, except as provided in subsection 1 above. Regular issue prescription glasses may be acquired in accordance with subsection F of this policy.

H. Emergency Medical Services

1. Staff trained in first aid procedures shall be available on each shift.
2. Each institution shall have a standardized written emergency plan for providing emergency care at any location in the institution.
3. The plan shall be approved by the Warden and reviewed annually.
4. Each institution shall include in its plan the following.
  - a. The location of first aid kits.
  - b. The placement of medical emergency information with appropriate phone numbers.
  - c. A written agreement for providing treatment on a twenty-four (24) hour basis by the primary community facility.
  - d. A listing of community emergency transportation systems, including telephone numbers.
  - e. The method and route of transporting a patient to the hospital.
  - f. Directions to the receiving facility with approximate time and mileage.



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- g. The medical emergency plan shall reflect the method of emergency coverage on weekends, holidays or second and third shifts and in the situation of more than one (1) casualty.

I. Physical Examinations

1. An inmate shall have a physical examination at least every three (3) years until the age of fifty (50).
2. An inmate enrolled in a chronic care clinic shall have a physical examination every year.
3. An inmate over the age of fifty (50) shall have a physical exam every year.
4. The physical examination shall be documented in the medical record and shall include the date performed and the signature of the provider conducting the examination.
5. A physical examination occurring during an inpatient hospitalization shall satisfy the requirement of this policy. However, the DOC primary care provider shall document that the physical examination findings have been reviewed. This documentation shall include the date of review and the signature of the reviewing provider.

J. Cosmetic and Elective Services and Procedures

1. In maintaining the health of an inmate, Corrections shall ensure that equitable services are available and needs are met in a reasonable and responsible manner.
2. A cosmetic or elective procedure requires the use of resources that may best be utilized in providing essential care to maintain basic health. A cosmetic surgery or procedure shall not be undertaken while the inmate remains in Corrections' custody.
3. To convey this emphasis to a community practitioner, a consultation request shall be clearly tagged "Corrections shall not pay for cosmetic or elective procedures" and it shall be clear which relevant procedures Corrections considers cosmetic or elective for which payment shall not be made.

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K. Over-The-Counter Items

Each institution shall maintain in the medical area a list of over-the-counter items available in the canteen or through an institutionally approved source that may be used for a cosmetic or hygiene problem.

1. This list may be increased by the primary care provider, in consultation with the warden or his designee, based on population needs but shall include topical preparations for acne, lotion for dry skin, a denture cleaner and an anti-fungal powder or cream.
2. An inmate shall be directed to this source for a purchase for a problem that has a hygienic basis, is used to improve appearance, or to treat a minor health problem.

L. Elective Services

1. Elective services shall include a treatment or surgical procedure not requiring immediate attention and, therefore, planned for the inmate's convenience.
2. Any condition present prior to incarceration and those acquired during incarceration within this category shall be monitored by the primary care provider according to an individualized plan.
3. So long as the institution maintains the basic health of an inmate, corrective therapy shall not be undertaken if not in conflict with section II(C)(2)(b) of this policy.

M. In-patient and Outpatient Services

Corrections shall provide the most appropriate medical aids and level of service that may safely be provided. For a hospital stay, this means that acute care as an in-patient shall be necessary due to the kind of service the inmate is receiving or the severity of the inmate's condition, and that safe and adequate care cannot be received as an outpatient or in a less acute care medical setting.

N. Organ Transplants

Organ transplants are extraordinary medical procedures and shall be reviewed and approved by the Medical Director prior to being provided to an inmate through the Department of Corrections.

1. A request for an organ transplant shall be forwarded to the Medical Director, along with full documentation of the inmate's case, including complete medical diagnosis and prognosis, current sentence status,

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viability of options for early release or furlough of the inmate, and any other factor, including payment of costs that may affect the Medical Director's decision. Costs associated with an organ transplant shall be addressed, including available community resources and the inmate's ability to pay.

2. If the Medical Director confirms the inmate is a suitable candidate for an organ transplant that is needed to preserve the inmate's life or to prevent irreparable harm, he may request the Parole Board to consider an early release pursuant to 501 KAR 1:030. Any approval for an organ transplant to be provided by Corrections shall be fully documented in writing by the Medical Director.
3. The Medical Director shall review the inmate's medical history to include his behavior, adherence to medical advice and living habits for the purpose of determining whether the inmate is deemed an appropriate candidate for a transplant.

O. Medical Recommendation for Early Parole Consideration

Corrections may recommend to the Parole Board that an inmate be reviewed for early parole consideration for medical reasons in accordance with KRS 439.3405.

DEPARTMENT OF CORRECTIONS

Receiving Screening Form

INMATE  
NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

INMATE NUMBER \_\_\_\_\_

VISUAL OPINION

- |    |   |     |    |
|----|---|-----|----|
| 1. | Is the inmate conscious?  | Yes | No |
| 2. | Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for emergency service?                                      | Yes | No |
| 3. | Are there visible signs of trauma or illness requiring immediate emergency or doctor's care?  | Yes | No |
| 4. | Is there obvious fever, swollen lymph nodes, jaundice, or other evidence of infection that might spread throughout the institution?             | Yes | No |
| 5. | Is the skin in poor condition or show signs of vermin, rashes?  | Yes | No |
| 6. | Does the inmate appear to be under the influence of alcohol?  | Yes | No |
| 7. | Does the inmate appear to be under the influence of any drug?   | Yes | No |
| 8. | Are there any visible signs of alcohol or drug withdrawal symptoms? (Extreme perspiration, shakes, nausea, pinpoint pupils, cramping, vomiting) | Yes | No |
| 9. | Does the inmate's behavior suggest the risk of suicide?   | Yes | No |

- |     |   |     |    |
|-----|---|-----|----|
| 10. | Does the inmate's behavior suggest the risk of assault to staff or other inmates?         | Yes | No |
| 11. | Is the inmate carrying or claims to carry medication that requires constant availability? | Yes | No |
| 12. | Are there any obvious physical handicaps?   | Yes | No |

IF ANSWERED YES TO ANY QUESTIONS FROM 2-12, PLEASE SPECIFY WHY IN COMMENT SECTION BELOW.

#### STAFF INMATE QUESTIONNAIRE

- |     |   |     |    |             |
|-----|---|-----|----|-------------|
| 13. | Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle condition. | Yes | No | No Response |
| 14. | Do you have a special diet prescribed by a physician? Type_____   | Yes | No | No Response |
| 15. | Do you have history of venereal disease or abnormal discharge?  | Yes | No | No Response |
| 16. | Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?   | Yes | No | No Response |
| 17. | Are you allergic to any medication?   | Yes | No | No Response |
| 18. | Have you fainted recently or had a recent head injury?  | Yes | No | No Response |
| 19. | Do you have epilepsy?   | Yes | No | No Response |
| 20. | Do you have a history of tuberculosis?  | Yes | No | No Response |
| 21. | Do you have diabetes?   | Yes | No | No Response |
| 22. | Do you have hepatitis?  | Yes | No | No Response |
| 23. | Do you have a painful dental condition?   | Yes | No | No Response |

24. Do you have any other medical problem we need know about? Yes No No Response

25. Do you have an alcohol or drug use history? Yes No No Response

If so, what type \_\_\_\_\_ How much \_\_\_\_\_  
For how long \_\_\_\_\_ Last Used \_\_\_\_\_  
How often \_\_\_\_\_

Any additional comments (i.e., unusual behavior):

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For Staff Member to Complete: This inmate has been informed how to access health services and the grievance system upon his admission. YES NO

\_\_\_\_\_  
Staff Signature